Form Approved

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**Tuberculosis (TB) Training and Education Needs Assessment of the U.S.-affiliated Pacific Islands and Hawaii**

**Overview**

The Centers for Disease Control and Prevention’s Division of Tuberculosis Elimination (DTBE) is conducting a training and education needs assessment of the U.S.-affiliated Pacific Islands and Hawaii. Results from the needs assessment will be used to develop a plan to address TB training and education needs in the region.

A summary of the needs assessment findings will be shared with DTBE, as well as the TB program staff of Hawaii and the U.S.-affiliated Pacific Island jurisdictions. Findings may also be presented at TB conferences.

**Participation and Confidentiality**

Please complete this questionnaire based on your own TB training and education needs. The assessment will take approximately 15 minutes to complete.

Participation in the needs assessment is voluntary. Please keep in mind that your answers will remain secure. We will only share data in aggregate form.

The online needs assessment will be open until (DATE).

**Additional Information**

If you have any questions about the TB training and education needs assessment, please contact Sarah Segerlind ([htz7@cdc.gov](mailto:htz7@cdc.gov)) or Derrick Felix ([dnf2@cdc.gov](mailto:dnf2@cdc.gov)).

1. **Do you agree to participate in this needs assessment?**

* Yes
* No

1. **Please select the jurisdiction in which you now work.**

* American Samoa
* Commonwealth of the Northern Mariana Islands
* Chuuk State, Federated States of Micronesia
* Kosrae State, Federated States of Micronesia
* Pohnpei State, Federated States of Micronesia
* Yap State, Federated States of Micronesia
* Guam
* Hawaii
* Ebeye, Republic of the Marshall Islands
* Majuro, Republic of the Marshall Islands
* Republic of Palau

1. **Which of the following most closely describes your professional training? (Select only one.)**

* Epidemiologist
* Health educator
* Laboratorian
* Nurse
* Outreach worker
* Physician
* Other, please specify\_\_\_\_\_\_

1. **Which of the following most closely describes your job role/responsibilities? (Select only one.)**

* Epidemiologist
* Health educator
* Laboratorian
* Nurse
* Outreach worker
* Physician
* Program manager
* Other, please specify\_\_\_\_\_\_

1. **Which of the following most closely describes your primary work setting? (Select only one.)**

* Community health center
* Health department
* Hospital
* Laboratory
* Private clinic
* Other, please specify\_\_\_\_\_\_

1. **What percentage of your time is spent working on TB-related activities?**

* 10% or less
* 11 - 25%
* 26 - 50%
* 51 - 75%
* 76 - 100%

1. **How many years have you worked in TB**?

* Less than 1 year
* 1 - 5 years
* 6 - 10 years
* More than 10 years

1. **Are you involved with clinically diagnosing persons with latent TB infection and TB disease?**

* Yes
* No

1. **Please indicate how much training you need regarding the following TB diagnostic topics. If you do not perform the activity, or you do not need to know the information as part of your work duties, please select N/A.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No training  needed | Little training needed | Some training needed | Much training  needed | N/A |
| Tuberculin skin test (TST) | ○ | ○ | ○ | ○ | ○ |
| Interferon-gamma release assays (IGRAs) | ○ | ○ | ○ | ○ | ○ |
| BCG vaccine | ○ | ○ | ○ | ○ | ○ |
| TB radiology | ○ | ○ | ○ | ○ | ○ |
| Acid-fast bacilli (AFB) smear microscopy | ○ | ○ | ○ | ○ | ○ |
| Nucleic acid amplification (NAA) tests | ○ | ○ | ○ | ○ | ○ |
| Xpert MTB/RIF assay | ○ | ○ | ○ | ○ | ○ |
| Culture | ○ | ○ | ○ | ○ | ○ |
| Drug susceptibility testing | ○ | ○ | ○ | ○ | ○ |
| Molecular detection of drug resistance (MDDR) | ○ | ○ | ○ | ○ | ○ |

1. **Do you treat or clinically manage patients who have latent TB infection or TB disease?**

* Yes
* No

1. **Please indicate how much training you need regarding the following TB treatment topics. If you do not perform the activity, or you do not need to know the information as part of your work duties, please select N/A.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No training  needed | Little training needed | Some training needed | Much training  needed | N/A |
| Treating latent TB infection (LTBI) | ○ | ○ | ○ | ○ | ○ |
| Treating TB disease | ○ | ○ | ○ | ○ | ○ |
| Treating multidrug-resistant (MDR) TB disease | ○ | ○ | ○ | ○ | ○ |
| Treating TB disease in children | ○ | ○ | ○ | ○ | ○ |
| Treating TB disease in pregnant women | ○ | ○ | ○ | ○ | ○ |
| Treating extrapulmonary TB disease | ○ | ○ | ○ | ○ | ○ |
| Treating TB contacts | ○ | ○ | ○ | ○ | ○ |
| Treating MDR TB contacts | ○ | ○ | ○ | ○ | ○ |
| Adverse reactions to TB treatment drugs | ○ | ○ | ○ | ○ | ○ |

1. **Please indicate how much training you need regarding the following TB treatment topics (continued). If you do not perform the activity, or you do not need to know the information as part of your work duties, please select N/A.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No training  needed | Little training needed | Some training needed | Much training  needed | N/A |
| Directly observed therapy (DOT) | ○ | ○ | ○ | ○ | ○ |
| Case management | ○ | ○ | ○ | ○ | ○ |
| Drug-drug interactions | ○ | ○ | ○ | ○ | ○ |
| TB and diabetes | ○ | ○ | ○ | ○ | ○ |
| TB and HIV/AIDS | ○ | ○ | ○ | ○ | ○ |
| TB and immunosuppressive therapies | ○ | ○ | ○ | ○ | ○ |
| TB and kidney disease | ○ | ○ | ○ | ○ | ○ |
| TB and liver disease | ○ | ○ | ○ | ○ | ○ |

1. **Do you perform programmatic activities as part of your TB-related job duties?**

* Yes
* No

1. **Please indicate how much training you need regarding the following TB topics. If you do not perform the activity, or you do not need to know the information as part of your work duties, please select N/A.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No training  needed | Little training needed | Some training needed | Much training  needed | N/A |
| Conducting contact investigations | ○ | ○ | ○ | ○ | ○ |
| Contact investigations in congregate settings (for example, school, workplace, jail, hospital, and shelters) | ○ | ○ | ○ | ○ | ○ |
| Interviewing for contact investigations | ○ | ○ | ○ | ○ | ○ |
| Outbreak detection and response | ○ | ○ | ○ | ○ | ○ |
| TB genotyping | ○ | ○ | ○ | ○ | ○ |
| Program evaluation | ○ | ○ | ○ | ○ | ○ |
| Case review (i.e., a monthly “real-time” systematic review of the management and treatment of persons with suspected or confirmed TB disease and their contacts. Many of the patients are currently receiving treatment.) | ○ | ○ | ○ | ○ | ○ |
| Cohort review (i.e., a quarterly “retrospective” systematic review of the management, treatment, and outcomes of persons with suspected or confirmed TB disease and their contacts. Many of the patients have completed treatment.) | ○ | ○ | ○ | ○ | ○ |
| Screening high-risk populations (i.e., targeted testing) | ○ | ○ | ○ | ○ | ○ |
| Effectively using incentives and enablers | ○ | ○ | ○ | ○ | ○ |

1. **Please indicate how much training you need regarding the following TB topics. If you do not perform the activity, or you do not need to know the information as part of your work duties, please select N/A.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No training  needed | Little training needed | Some training needed | Much training  needed | N/A |
| Data collection and data management (for example, how to collect and manage TB screening results) | ○ | ○ | ○ | ○ | ○ |
| TB surveillance/epidemiology | ○ | ○ | ○ | ○ | ○ |
| Report of a Verified Case of TB (RVCT) form | ○ | ○ | ○ | ○ | ○ |
| National TB Indicators Project (NTIP) | ○ | ○ | ○ | ○ | ○ |
| National TB Surveillance System (NTSS) | ○ | ○ | ○ | ○ | ○ |
| TB Genotyping Information Management System (TB GIMS) | ○ | ○ | ○ | ○ | ○ |
| Developing Annual Performance Reports and Work Plans for the CDC Cooperative Agreement | ○ | ○ | ○ | ○ | ○ |
| Developing budgets for the CDC Cooperative Agreement | ○ | ○ | ○ | ○ | ○ |

1. **Please indicate how much training you need regarding the following TB topics. If you do not perform the activity, or you do not need to know the information as part of your work duties, please select N/A.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No training  needed | Little training needed | Some training needed | Much training  needed | N/A |
| Legal issues related to TB (for example, court orders) | ○ | ○ | ○ | ○ | ○ |
| TB and air travel restrictions | ○ | ○ | ○ | ○ | ○ |
| Interjurisdictional referrals (i.e., for TB patients or contacts who move to the U.S. mainland or within the USAPI) | ○ | ○ | ○ | ○ | ○ |
| International transfer notifications (i.e., for TB patients or contacts who move to other countries) | ○ | ○ | ○ | ○ | ○ |
| Program planning | ○ | ○ | ○ | ○ | ○ |
| Partnership building | ○ | ○ | ○ | ○ | ○ |
| Cultural competency | ○ | ○ | ○ | ○ | ○ |
| Communication skills | ○ | ○ | ○ | ○ | ○ |
| Patient education | ○ | ○ | ○ | ○ | ○ |
| Training other health care workers | ○ | ○ | ○ | ○ | ○ |

1. **Please indicate how much training you need regarding the following TB infection control topics. If you do not perform the activity, or you do not need to know the information as part of your work duties, please select N/A**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No training  needed | Little training needed | Some training needed | Much training  needed | N/A |
| TB transmission | ○ | ○ | ○ | ○ | ○ |
| TB infection control measures | ○ | ○ | ○ | ○ | ○ |
| TB testing programs (for example, health care worker screening programs) | ○ | ○ | ○ | ○ | ○ |
| Two-step testing | ○ | ○ | ○ | ○ | ○ |
| TB risk assessments | ○ | ○ | ○ | ○ | ○ |

1. **Considering your TB-related work responsibilities, which TB topics are most needed to enhance your knowledge and skills**?
2. **Have you attended any in-person TB trainings in the past 12 months?**

* Yes
* No

1. **Please indicate how many in-person TB trainings you have attended in the past 12 months.**

* 1 - 3
* 4 - 6
* More than 6

1. **Identify any barriers you have to attending in-person TB trainings. (Select all that apply.)**

* Limited or no travel funds available
* Travel restrictions not related to funding
* Trainings are too long
* Not enough staff coverage
* Trainings are too far away
* Cannot take time away from work responsibilities to attend trainings
* In-person trainings are not available
* None/No barriers
* Other, please specify\_\_\_\_\_\_

1. **Have you participated in any live TB webinars or web conferences in the past 12 months?**

* Yes
* No

1. **Please indicate how many live TB webinars or web conferences you have participated in the past 12 months.**

* 1 - 3
* 4 - 6
* More than 6

1. **Identify any barriers you have to participating in live TB webinars or web conferences. (Select all that apply.)**

* Lack of internet access or internet connection problems
* Not able to download software needed to access webinars or web conferences
* Webinars or web conferences are too long
* Not enough staff coverage
* Cannot take time away from work responsibilities to participate
* TB webinars or web conferences are not available
* Difference in time zone
* Too many distractions in the workplace
* None/No barriers
* Other, please specify\_\_\_\_\_\_

1. **Have you viewed any recorded TB webinars in the past 12 months?**

* Yes
* No

1. **Please indicate how many recorded TB webinars you have viewed in the past 12 months.**

* 1 - 3
* 4 - 6
* More than 6

1. **Identify any barriers you have to viewing recorded TB webinars. (Select all that apply.)**

* Lack of internet access or internet connection problems
* Not able to download software needed to view webinars
* Webinars are too long
* Not enough staff coverage
* Cannot take time away from work responsibilities to view webinars
* Recorded webinars are not available
* Too many distractions in the workplace
* None/No barriers
* Other, please specify\_\_\_\_\_\_

1. **Have you taken any online TB courses in the past 12 months?**

* Yes
* No

1. **Please indicate how many online TB courses you have taken in the past 12 months.**

* 1 - 3
* 4 - 6
* More than 6

1. **Identify any barriers you have to taking online TB courses. (Select all that apply.)**

* Lack of internet access or internet connection problems
* Online courses are too long
* Not enough staff coverage
* Cannot take time away from work responsibilities to take online courses
* Online courses are not available
* Too many distractions in the workplace
* None/No barriers
* Other, please specify\_\_\_\_\_\_

1. **Which of the following are your most preferred formats for TB trainings? (Select all that apply.)**

* Conference (in person)
* Classroom training (in person)
* Mentorship
* One-on-one trainings
* Train-the-trainer
* Virtual conference
* Live webinar
* Recorded webinar
* Online course
* Other, please specify\_\_\_\_\_\_

1. **Which of the following are your most preferred formats for TB educational materials? (Select all that apply.)**

* DVD
* Fact sheets and brochures
* Interactive online courses
* Mobile apps
* Online video
* Pocket cards
* Self-study materials (for example, manuals or books)
* USB flash drive
* Other, please specify

1. **Please provide any additional comments you have regarding your TB training and education needs.**